

INDIANA EMERGENCY RENTAL ASSISTANCE ZERO INCOME CERTIFICATION & VERIFICATION OF NEED

Form to be completed by head of household and signed by all adult household members if the household is claiming zero income.

Head of Household: _____

Date: _____

Applicant: _____

Application Number: _____

1. I/ we hereby certify that I/ we do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Child support or alimony;
- k. Any other source not named above.

Initials

2. I/we currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Initials

(CONTINUED ON NEXT PAGE)



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

3. I/we will be using the following sources of funds to pay for rent and the listed utilities. If you do not have the expense listed, mark N/A in the monthly cost column. Do not leave blank spaces.

EXPENSE TYPE	MONTHLY COST	DELINQUENCY
Rent		
Utility (gas)		
Utility (electric)		
Utility (water)		
Utility (sewer)		
Utility (trash)		
Home Heating Source (fuel oil, propane, coal, wood, pellets, wood)		
Home Heating Source Delivery Cost		
Home Heating Source Inspection Cost		

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of and the required repayment of any and all benefits received through the Indiana Emergency Rental Assistance Program.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

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